

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) 577122000101	
In re Application of Earl R. OWEN			
Application Number 10/601,825		Filed June 23, 2003	
For: METHOD OF TISSUE REPAIR			
Art Unit 3731		Examiner Not Yet Assigned	

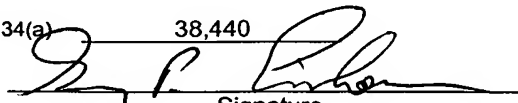
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | |
|---|----|----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | |
| <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | 1,480.00 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | |
- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 740.00
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952
- I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☐ attorney or agent of record. Registration Number _____
☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 38,440

March 15, 2004
Date
(858) 720-5100
Telephone Number


Signature
Gregory P. Einhorn
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

<input type="checkbox"/> Total of <u>1</u> forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 3/15/04 Signature: Jeanne Amour (Jeanne Amour)